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PTO/SB/22 (01-06)
Approved for use through 04/30/2008. OMB 0551-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008		Docket Number (Optional) 20910/0206138-US0		
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Filed January 28, 2004		
Application Number 10/767,021-Conf. #4731		Filed January 28, 2004		
For VERTICAL PERIMETER FRAMEWORK FOR PROVIDING APPLICATION SERVICES				
Art Unit 2154		Examiner	J. S. Park	
This is a request under the provisions of 37 CFR 1.136(a application.	a) to extend the peri	od for filing a reply in	the above id	lentified
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
	<u>Fee</u>	Small Entity Fee		
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	120.00
Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$	
Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$	
Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$	
Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$	
Applicant claims small entity status. See 37 C	FR 1.27.			
A check in the amount of the fee is enclosed.			•	
Payment by credit card. Form PTO-2038 is at	ttached.			
The Director has already been authorized to c	harge fees in this	application to a Depo	osit Account	.
The Director is hereby authorized to charge at Deposit Account Number 04-0100	•	be required, or cred	•	
WARNING: Information on this form may become p Provide credit card information and authorization of		formation should not b	e included or	this form.
I am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
attorney or agent of record. Reg	gistration Number	41,633		
ettorney or agent under 37 CFR	1.34.			
Hegistration number if acting ur	nder 37 CFR 1.34	·		
////		May 22, 2008		
Signature			Date	
John W. Branch Typed or printed name		(206) 262-8905 Telephone Number		
NOTE: Signatures of all the Inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more				
than one signature is required, see below.	SUMP NEGROOM OF INDE	eseniaure(s) era reviziau.	одони ницирю	TOTAL OF THE STATE OF
X Total of 1 forms are subm	nitted.			

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